



Application to the South Carolina
Victim Assistance Academy
May 18 – May 23, 2008
Application due date 4/1/08

Please type or print legibly. If additional space is required please attach separate sheets.

DATE: _____

NAME: _____
LAST FIRST MIDDLE INITIAL

ORGANIZATION: _____

ADDRESS: _____
STREET/ PO BOX CITY/ STATE ZIP CODE COUNTY

BUSINESS PHONE: () _____ / FAX () _____

HOME PHONE: () _____ MOBILE () _____

E-MAIL ADDRESS: _____

How do you prefer we contact you? E-Mail _____ Fax _____ US Postal _____

CURRENT POSITION: _____ FROM: ____/____ TO: ____/____

Paid ☐ Volunteer ☐ Web Site for your organization: _____

PERSONAL EMERGENCY CONTACT PERSON: _____

EMERGENCY CONTACT PERSON PHONE(S): _____

DO YOU CURRENTLY HAVE ACCESS TO A COMPUTER WITH A CD DRIVE? Yes ☐ No ☐

WHAT WORD PROCESSING PROGRAM DO YOU USE? WordPerfect ☐ Microsoft Word ☐

EDUCATION - GED/HS Diploma/AA/Bachelors/Advanced Degree(s):

YEAR(S): _____ MAJOR: _____ University _____

IF ACCEPTED, I AM INTERESTED IN RECEIVING INFORMATION ABOUT OBTAINING THREE ACADEMIC CREDITS (Please indicate):

Undergraduate Credit hours ☐ Graduate Credit hours ☐ Not interested ☐

NOTE: Participants seeking academic credit are responsible for paying the course cost in addition to the general registration fee. No fees are due until you are notified of your acceptance into the academy

PLEASE LIST AFFILIATIONS WITH PROFESSIONAL ORGANIZATIONS OR GROUPS RELATED TO VICTIM SERVICES:

SECTION TWO:

1. Select the jurisdiction/category below that best describes the type of organization you represent:

Federal ☐ **State** ☐ **City** ☐ **County** ☐ **Private/nonprofit** ☐ **Other** ☐

2. Select the type of community your agency primarily serves:

Urban ☐ **Suburban** ☐ **Rural** ☐

3. Select the Victim Service category that best describes the type of organization(s) you represent:

Criminal Justice-Based	Community/Nonprofit-Based	Additional Agencies
<input type="checkbox"/> Police/Sheriff	<input type="checkbox"/> All Victims	<input type="checkbox"/> Youth Services
<input type="checkbox"/> Prosecution	<input type="checkbox"/> Sexual Assault	<input type="checkbox"/> Legal Services
<input type="checkbox"/> Courts	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Hospital/Medical
<input type="checkbox"/> Probation	<input type="checkbox"/> Child Abuse/Sexual Assault	<input type="checkbox"/> State Victim Services Staff
<input type="checkbox"/> Corrections	<input type="checkbox"/> Homeless Shelter	<input type="checkbox"/> Religious: _____
<input type="checkbox"/> Parole	<input type="checkbox"/> Drunk Driving	<input type="checkbox"/> Mental Health Services
<input type="checkbox"/> Juvenile	<input type="checkbox"/> Homicide Support	<input type="checkbox"/> Substance Abuse Services
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Missing/Exploited Children	<input type="checkbox"/> Funeral Services
	<input type="checkbox"/> Elderly Victims	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Other: _____	

4. Please indicate the type(s) of crime victims that you **PRIMARILY** serve: (check no more than three)

<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Assault
<input type="checkbox"/> Sexual Assault	<input type="checkbox"/> Elderly Victims
<input type="checkbox"/> Child abuse/Sexual Assault	<input type="checkbox"/> Missing/Exploited Children
<input type="checkbox"/> Survivors for Homicide Victims	<input type="checkbox"/> Computer Crimes
<input type="checkbox"/> Drunk Driving	<input type="checkbox"/> Victims with Disabilities
<input type="checkbox"/> All Crimes Against Persons	<input type="checkbox"/> Robbery/Theft
<input type="checkbox"/> All Crimes Against Property	<input type="checkbox"/> Bias Violence/Hate Crimes
<input type="checkbox"/> Dating Violence	<input type="checkbox"/> Gang Violence
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

5. Indicate the types of services that you **PRIMARILY** provide for victims of crime in your current position:
(Check no more than five.)

<input type="checkbox"/> Crisis Intervention	<input type="checkbox"/> Restitution Assistance
<input type="checkbox"/> 24-Hour Hotline	<input type="checkbox"/> Notification
<input type="checkbox"/> Medical Advocacy	<input type="checkbox"/> Victim Impact Statement Assistance
<input type="checkbox"/> Shelter	<input type="checkbox"/> Crime Victim Compensation Assistance
<input type="checkbox"/> Therapy/Psychological Counseling	<input type="checkbox"/> Legal Advocacy
<input type="checkbox"/> Systems/Institutional Advocacy	<input type="checkbox"/> Information Referral
<input type="checkbox"/> Case Management	<input type="checkbox"/> Community Education
<input type="checkbox"/> Support Groups	<input type="checkbox"/> Transportation
<input type="checkbox"/> Assistance with Orders of Protection	<input type="checkbox"/> Social Service Advocacy
<input type="checkbox"/> Child Care	<input type="checkbox"/> Training and Technical Assistance
<input type="checkbox"/> Emotional Support	<input type="checkbox"/> Multidisciplinary Teams
<input type="checkbox"/> Counseling: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Court Advocacy	<input type="checkbox"/> Other: _____

Overnight accommodations (individual rooms) will be provided at the College of Charleston campus dormitories. All students are expected to stay at the hotel. The project staff of the SCVAA will make all reservations after the selection process is complete. **Unfortunately, due to state travel regulations, there are some limitations in the ability for the project to pay hotel costs for students who live within a fifty mile driving distance to the Academy Site. There is more information about this on our web site. Please visit http://www.scvaa.sc.gov/scvaa/victims_assistance/overnight_accommodations for more details.** Breakfast, and lunch will be provided to all students at no cost to them. There will be an additional charge for parking, so car pooling is advised.

SECTION THREE:

Please attach a current resume that includes your formal education and other trainings and certificates, as well as previous experience in assisting crime victims. Include other relevant employment in the last three years. Provide information regarding position, responsibilities and dates of service, from most recent to past.

SECTION FOUR:

On a separate page, briefly describe your reason for attending the South Carolina Victim Assistance Academy training and define how your participation will be of personal, professional and community benefit. Provide any additional information you believe important for the application selection committee to consider.

SECTION FIVE:

Two letters of recommendation are required for selection to the SC Victim Assistance Academy. The first letter must be from your immediate supervisor or agency director authorizing your attendance and confirming their commitment to your training by releasing you from your duties for the week of the academy. Their letter should also detail the benefits of having you complete the 40 hours of training. The second letter needs to be from a professional associate, in an agency or office other than your own, demonstrating your commitment to victim issues and willingness to network within your community. These letters must be submitted with the application.

SECTION SIX:

*By completing and signing this application, I verify that all information given is accurate to the best of my knowledge and that any false information will be sufficient cause for rejection of my application. **Also, in signing this application I verify my commitment to attend the full 40-hour course, to stay on-site in the provided housing, and to make travel arrangements accordingly.** Further, my signature attests to my willingness to allow the agencies involved to post pictures from the academy (that may contain my image) on their websites.*

Signature

Date

DO NOT SEND YOUR CHECK FOR REGISTRATION WITH THIS APPLICATION
YOU WILL BE NOTIFIED OF YOUR ACCEPTANCE.
PAYMENT IS MADE AFTER YOU RECEIVE YOUR ACCEPTANCE PACKET.

PLEASE MAIL OR FAX YOUR COMPLETED APPLICATION FORM BY 04/01/08 TO:

***Brittany Baber
Medical University of South Carolina
National Crime Victims Research and Treatment Center
PO Box 250852, 165 Cannon Street
Charleston, SC 29425
(843) 792-2945 (office)
(843) 792-4744 (fax)***

The SC Victim Assistance Academy is sponsored by a grant from the South Carolina Department of Public Safety, Office of Justice Programs (State Victims Assistance Program #1W07023). The grant was awarded to the Office of the Governor, State Office of Victim Assistance. This is a collaborative project between SOVA, MUSC, and SCVAN.